



City of Santee – Storm Water Program

Annual Certification of Storm Water Best Management Practice(s)

Date: *November 14, 2016*

Name of Development: *Development A*

Responsible Party: (Owner/HOA)
Property Management Company Name

Address:
123 Main Street Santee, CA 92071

I Understand That:

Initial: JD This document and all supporting documents are due to the City of Santee, by September 15th of each year.

Initial: JD This Document has been prepared to provide verification that all storm water best management practices and treatment control devices (BMPs) located at the above referenced property have been operated and maintained in accordance with the property's Storm Water Management Plan (SWMP) for the period of **September 1st, 20** 15, **to August 31st, 20** 16.

Initial: JD By submission of this letter, I am certifying that the BMPs at this property were inspected and serviced as summarized in the tables below. In addition, I certify that all BMPs located on this property are currently functioning and operating as intended, and that these facilities will continue to be properly maintained as described within the property's Storm Water Management Plan.

Initial: JD I am the Responsible Party, and understand that I must provide the City with updated contact information for the new Responsible Party, should the property be transferred or sold.

Print Name: <i>Jane Doe</i>	Signature:
Relationship to Property: <i>Property Manager</i>	Phone: <i>619-123-4567</i>
Email: <i>jdoe@email.com</i>	

BMPs Include – (Check If Present On Property, & Provide Quantity Of Each BMP On Property):

<input type="checkbox"/> Bioswales #: <u>2</u>	<input type="checkbox"/> Storm Drain Filters #: <u>3</u>	<input type="checkbox"/> Detention Basins #: _____
<input type="checkbox"/> CDS Unit #: <u>1</u>	<input type="checkbox"/> Parking-Lot Maintenance #: _____	<input type="checkbox"/> Landscape Maintenance #: _____
<input type="checkbox"/> Private Streets #: _____	<input type="checkbox"/> Private Storm Drain System #: _____	<input type="checkbox"/> Dog Stations #: _____
<input type="checkbox"/> Other: _____ #: _____	<input type="checkbox"/> Other: _____ #: _____	<input type="checkbox"/> Other: _____ #: _____

Attachments – (Check All That Apply):

	Maintenance Records
	Reports
	Photos
	Receipts
	Other – <i>Please Specify Here:</i>
	Other – <i>Please Specify Here:</i>
	Other – <i>Please Specify Here:</i>

Summary of Inspections –*If Additional Space is Needed – Use Annual Certification Form Insert*

Inspection Date(s)	BMP Type (<i>list each individually</i>)	Location of BMP (refer to SWMP)	Describe Observations/ Condition of BMP	Describe Maintenance Completed and/or Repairs Made
09/21/16	Bioswale 1 and 2	Northeast corner of property, see map	Swales show signs of over irrigation	Reduced irrigation time by half
10/30/16	Storm drain filter 1	See attached map	Filled to 30% capacity	Cleaned and replaced filter
10/30/16	Storm drain filter 2	See attached map	Filled to 10% capacity	Cleaned filter
10/30/16	Storm drain filter 3	See attached map	Minor amounts of organic debris and sediment	Removed sediment
03/21/16	Bioswale 1 and 2	Northeast corner of property, see map	Swales are healthy	Watering schedule remains the same
04/30/16	Storm drain filter 1	See attached map	Filled to 10% capacity	Cleaned filter of sediment and debris
04/30/16	Storm drain filter 2	See attached map	Filled to 25% capacity	Cleaned filter of organic matter
04/30/16	Storm drain filter 3	See attached map	Filled to 10% capacity	Cleaned filter of sediment
06/11/16	CDS Unit	See attached map	Minor debris and sediment	Annual maintenance, pumped unit

If Additional Space is Needed – Use Annual Certification Form Insert

For Additional Information Visit Our Website: www.SanteeH2o.org